**UNITED STATES HOUSE OF REPRESENTATIVES**

# *ETHICS IN GOVERNMENT ACT—FINANCIAL DISCLOSURE STATEMENT FOR 2000*

**FORM A**—For Use By Members, Officers, and Employees

**WHO MUST FILE AND WHEN:** Each Member of the House of Representatives, officer, and employee of the Legislative Branch compensated at a rate "above GS–15'' ($93,137) for at least 60 days in calendar year 2000 and any employee designated by a Member as a principal assistant must file a Financial Disclosure Statement on or before May 15, 2001. A termination report must be filed within 30 days of leaving a covered position. A clear postmark is accepted as the filing date. ***A $200 late filing fee shall be assessed against any individual who files more than 30 days after the due date of a report or amendment (or the due date of any extension).***

**REPORTING PERIOD:** The period covered by this Disclosure Statement is calendar year 2000, unless otherwise indicated. Gifts and reimbursements received during any period in the calendar year when the reporting individual was *not* a Member, officer, or employee need not be disclosed.

**WHERE TO OBTAIN ASSISTANCE:** Committee on Standards of Official Conduct, U.S. House of Representatives, HT–2 The Capitol, Washington, D.C. 20515. Telephone: (202) 225–7103. Additional forms and instructions may be obtained from the Clerk of the House.

Requests for extensions of time for filing must be in writing, addressed to the Committee (or the relevant legislative branch agency), and must state why the extension is necessary. An extension request must be ***received*** (not postmarked) no later than the due date.

**INCOME AND GIFT LIMITS:** The 2000 limit on outside earned income for Members of the House and employees compensated at a rate above GS–15 was $21,195. In addition, certain types of income (notably honoraria, directors' fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.

The House gift rule (House Rule 25, clause 5) prohibits acceptance of gifts, except as specifically provided in the rule.

**LIST OF CHARITIES:** A list of charities to which payments were directed on account of speeches, appearances, or articles by the filer should be separately filed ***with the Committee on Standards of Official Conduct at HT–2 in the Capitol*. *Do not send the list to the Clerk*.** An envelope for transmitting the list is included in each Member's filing package. Any such list will remain confidential unless it needs to be examined in connection with a Committee investigation.

**BEFORE FILING:** Complete all parts. Please type or print neatly. Attach additional sheets if necessary, indicating the section being continued. Type or print your name at the top of each page filed.

***ANSWER EACH QUESTION ON THE FIRST PAGE,*** and attach the appropriate schedule for each "Yes'' response. Sign and date the form.

*Remove this cover page before filing.*

*Separate pages and file only those required.*

RETURN COMPLETED STATEMENT TO:

**The Clerk, U.S. House of Representatives**
**Legislative Resource Center**
**B106 Cannon House Office Building**
**Washington, D.C. 20515–6612**

Members must file a signed original and two copies thereof. Employees must file a signed original and one copy thereof.

| UNITED STATES HOUSE OF REPRESENTATIVES<br>FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2000 | FORM A<br>For use by Members, officers, and employees |
|---|---|

(Full Name)

(Mailing Address) Daytime Telephone:

(Office Use Only)

| | | | | |
|---|---|---|---|---|
| Filer Status | ☐ Member of the U.S. House of Representatives | State:<br>District: | ☐ Officer or Employee | Employing Office: |
| Report Type | ☐ Annual (May 15) | ☐ Amendment | ☐ Termination | Termination Date: |

**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**

## PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | | | | |
|---|---|---|---|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** | Yes ☐ | No ☐ | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $260 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** | Yes ☐ | No ☐ |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** | Yes ☐ | No ☐ | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $260 from one source)? **If yes, complete and attach Schedule VII.** | Yes ☐ | No ☐ |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.** | Yes ☐ | No ☐ | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.** | Yes ☐ | No ☐ |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.** | Yes ☐ | No ☐ | IX. Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.** | Yes ☐ | No ☐ |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** | Yes ☐ | No ☐ | **Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.** | | |

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

| | | |
|---|---|---|
| **TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | Yes ☐ | No ☐ |
| **EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? | Yes ☐ | No ☐ |

## CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (*See* 5 U.S.C. app. 4, § 104 and 18 U.S.C. §1001).

| Certification | Signature of Reporting Individual | Date *(Month, Day, Year)* |
|---|---|---|
| **I CERTIFY** that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief. | | |

| Name | Page ___ of ___ |
|---|---|

## SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000.

| | Source | Type | Amount |
|---|---|---|---|
| *Examples:* | Keene State | Approved Teaching Fee | $6,000 |
| | State of Maryland | Legislative Pension | $9,000 |
| | Civil War Roundtable (Oct. 2nd) | Spouse Speech | $1,000 |
| | Ontario County Board of Education | Spouse Salary | NA |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**For payments to charity in lieu of honoraria, use Schedule II.**

| Name | Page ____ of ____ |
|---|---|

## SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package.

| Source | | Activity | Date | Amount |
|---|---|---|---|---|
| *Examples:* | Association of American Associations, Wash., D.C. | Speech | Feb. 2, 2000 | $2,000 |
| | XYZ Magazine | Article | Aug. 13, 2000 | $500 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**This page may be copied if more space is required.**

# SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Name

Page ____ of ____

BLOCK A

## Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than $200 in “unearned” income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments), provide information on *each asset* in the account that exceeds the reporting threshold, and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see the instruction booklet for the reporting year.

**Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse’s child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

BLOCK B

## Value of Asset

at close of reporting year.

If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold and is included only because it generated income, the value should be “None.”

BLOCK C

## Type of Income

BLOCK D

## Amount of Income

For retirement plans or accounts that do not allow you to choose specific investments, you may write “NA” for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.

BLOCK E

## Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

| SP, DC, JT | | Asset | A None | B $1 – $1,000 | C $1,001 – $15,000 | D $15,001 – $50,000 | E $50,001 – $100,000 | F $100,001 – $250,000 | G $250,001 – $500,000 | H $500,001 – $1,000,000 | I $1,000,001 – $5,000,000 | J $5,000, 001 – $25,000,000 | K $25,000,001 – $50,000,000 | L Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | I None | II $1 – $200 | III $201 – $1,000 | IV $1,001 – $2,500 | V $2,501 – $5,000 | VI $5,001 – $15,000 | VII $15,001 – $50,000 | VIII $50,001 – $100,000 | IX $100,001 – $1,000,000 | X $1,000,001 – $5,000,000 | XI Over $5,000,000 | P, S, E |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Examples:* | Mega Corp. Stock | | | | | X | | | | | | | | X | | | | | | | | | | X | | | | | | | | P |
| | | Simon & Schuster | | Indefinite | | | | | | | | | | | | | | | | | Royalties | | | | | | | | | X | | | |
| | | 1st Bank of Paducah, KY accounts | | | | | | X | | | | | | | | | X | | | | | | | | | | X | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**For additional assets and unearned income, use next page.**

## SCHEDULE III — ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

| Name | Page ____ of ____ |
|---|---|

| | BLOCK A<br>**Asset and/or Income Source** | BLOCK B<br>**Year-End Value of Asset** | | | | | | | | | | | | BLOCK C<br>**Type of Income** | | | | | | | BLOCK D<br>**Amount of Income** | | | | | | | | | | | BLOCK E<br>**Transaction** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP,<br>DC,<br>JT | | A | B | C | D | E | F | G | H | I | J | K | L | | | | | | | | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | P,<br>S,<br>E |
| | | None | $1 – $1,000 | $1,001 – $15,000 | $15,001 – $50,000 | $50,001 – $100,000 | $100,001 – $250,000 | $250,001 – $500,000 | $500,001 – $1,000,000 | $1,000,001 – $5,000,000 | $5,000, 001 – $25,000,000 | $25,000,001 – $50,000,000 | Over $50,000,000 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED TRUST | QUALIFIED BLIND TRUST | Other Type of Income (Specify) | None | $1 – $200 | $201 – $1,000 | $1,001 – $2,500 | $2,501 – $5,000 | $5,001 – $15,000 | $15,001 – $50,000 | $50,001 – $100,000 | $100,001 – $1,000,000 | $1,000,001 – $5,000,000 | Over $5,000,000 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**This page may be copied if more space is required.**

Name

Page ___ of ___

## SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

| SP, DC, JT | Asset | Type of Transaction: PURCHASE | SALE | EXCHANGE | Date (MO/DAY/YR) | Amount of Transaction: B $1,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| SP | *Example:* Mega Corporation Common Stock | X | | | 10–12–00 | | X | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

**This page may be copied if more space is required.**

| Name | Page ____ of ____ |
| --- | --- |

## SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the close of the preceding calendar year exceeded $10,000.

| SP, DC, JT | Creditor | | Type of Liability | Amount of Liability | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | | | | B $10,001–$15,000 | C $15,001–$50,000 | D $50,001–$100,000 | E $100,001–$250,000 | F $250,001–$500,000 | G $500,001–$1,000,000 | H $1,000,001–$5,000,000 | I $5,000,001–$25,000,000 | J $25,000,001–$50,000,000 | K Over $50,000,000 |
| | *Example*: | First Bank of Wilmington, Delaware | Mortgage on 123 Main St., Dover, Del. | | | | X | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

## SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $260 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $260 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | | Description | Value |
| --- | --- | --- | --- |
| *Example*: | Mr. Joseph H. Smith, Anytown, Anystate | Silver Platter (determination on personal friendship received from Committee on Standards) | $270 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Use additional sheets if more space is required.**

| Name | Page ____ of ____ |
|---|---|

## SCHEDULE VII —TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $260 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| | Source | Date(s) | Point of Departure—Destination—Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Any time not at sponsor's expense |
|---|---|---|---|---|---|---|---|
| *Examples:* | Chicago Chamber of Commerce | Mar. 2 | Wash., D.C.—Chicago—Wash., D.C. | N | N | N | N |
| | Roycroft Corporation | Aug. 6–11 | Wash., D.C.—Los Angeles—Cleveland | Y | Y | Y | 2 Days |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**This page may be copied if more space is required.**

| Name | Page ___ of ___ |
|---|---|

## SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

## SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

GPO: 2001 70–729 (mac)

**Use additional sheets if more space is required.**